

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	/					
4	/					
5	/					
6	/					
7	6					
8	6					
9	6					
10	6					
11	6					
12	1					
13	1					
14	1					
15	1					
16	1					
17	1					
18	1					
19	6					
20	6					
21	6					
22	6					
23	6					
24	6					
25	6					
26	1					
27	1					
28	3					
29	1					
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TOTAL IND.			24	24		
TOTAL DEP.		10	10	10		
TOTAL CLAIMS		12	12	12		

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.				24		
TOTAL DEP.		10	10	10		
TOTAL CLAIMS		12	12	12		